State of South Dakota

RECEIVED

Candidate's or Committee's Report of Receipts and Expenditures '02

S.D. SEC. of STATE

Candidates and candidate committees: File in the office where you filed your nominating petition.

PACs, political party, ballot question and other committees: File with Elections Department, Secretary of State's Office,
500 E Capitol Ave, Pierre, SD 57501-5070

See pages 9 & 10 of the Guideline Book for specific instructions on completing this report.
Name of Candidate or Committee
Complete Mailing Address 46923 250 5t. Daytime
Name of Person Making Report Jim Riswold Phone 428-4942
If you are a candidate, what office are you seeking
If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed.
Type of Report (See pages 4 & 5 of Guideline Book) Post-General
For Reporting Period Ending (See pages 4 & 5 of Guideline Book) 1/-30-2007
The following verification must be completed before submitting report.
VERIFICATION OF PERSON MAKING REPORT
I James 5, Riswold (print name legibly), certify
that I have examined this report and to the best of my knowledge and
belief it is true, correct and complete.
Date: 11-30-2007 Candidate Signature or
Signature of Committee Treasurer or Chairperson
Revised July 2001
Filed this day of

SECRETARY OF STATE

Name	o£	Candidate	or Committee	Tim Rave
73	-1	memorting	neriod ending	1430-2007

Summary Page

n finance activity during this repleted.	eporting period.
of reporting period	\$ 172.00
<u>7815.00</u>	
0.00	
0,00	
<u>: 0.14</u>	
2815.14	14
	\$ 7.815. 4
Own Campaign	\$ 101.0
ttee During	\$ <u>0.00</u>
ng Period	\$ 0.00
	\$ <u>7697.97</u>
\$ <u>0.00</u>	
reporting period. +7)	\$ <u>390.19</u>
	of reporting period 7815.00 0.00 0.00 0.14 7815.14 Own Campaign tee During ag Period 50.00 reporting period.

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Name of	Candidate	or Committe	• <u> </u>	m Rave		
		period endi	ng	im Rave 1-30-2002	•	
				ınd Obligations		
This sched reporting p	ule is to report period. If a ser	all of the candidavice has been con	ate's campaign ob atracted but not b	oligations which are un illed, estimate the amo	paid at the end of the obligation	ne 1.
Owed To			Purpose		Amount	
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Total Obligations: \$____

Name of Candidate or	Committee	n Rave	
For the reporting per	iod ending 11-	30.2002	
	Schedule A - Direct	Contributions	
This schedule is used for reput for this report you may compolitical parties and enter these the next page. Any contribution or political party and all contribute amount, name, address and contributor has their own sections space, or you may attach additional contributions.	nbine all contributions of \$100 sums as unitemized contribution of more than \$100 or aggregations from PAC's must be explained by place of employment (if appliant for itemization. This schedule.)	ons on their respective lines be gate during a calendar year fro ntered as a separate item (item icable) of the contributor. Eac	he same from clow and on m an individual ized) giving h type of
Unitemized Contributi	ons from Individuals:		*\$ 520.00
Itemized Contribution	s from Individuals	Place of Employment	I
Name	Residence Address	(Name of Employer)	
			\$
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<u> </u>			\$
Total of Itemized Con	tributions from Indiv	viduals:	*\$

Name of	Candidate or Committ	oo_ Tim Reve
For the	reporting period end	ling 11-30-2007
	Sc	hedule E - Expenditures
This sched provided for candidate	ule is to report all expenditure or reporting common expenses and committees must be	s relating to a candidate's campaign. Line items have been a. All other expenses should be listed. All contributions to listed individually.
Item	Amount	Contributions Made to Candidates and Committees:

 Item
 Amount

 Advertising
 1,168.06

 Consulting
 0.00

 Postage
 514.45

 Printing
 575.17

 Rent
 0.00

 Salaries
 0.00

 Telephone
 0.00

 Travel
 29.94

 Utilities
 0.00

Other Expenses:

Victory Party - 410.35

Name of Candidate or Committee	Tim Rave	
For the reporting period ending		
	ect Contributions (continued)	
Unitemized Contributions from Pol		*\$
Itemized Contributions from Polit	cical Parties	
Party Name	Address	
Republican State Central Committee McCook County Repub-Central Conte.	AD BOX 1099. PIECE, SD 57501	\$ 1,075.00 \$ 100.00
McCook County Repub Central Conte.	Box461 Salem, SD 57058	\$ 100.00
Total of Itemized Contributions f	from Political Parties:	*\$ 1,195.00
Itemized Contributions from Polit (All contributions from PAC Name	AC's must be itemized.) Address	
ICB of South Okota VIII	115 V. 15th Ave Mitchell 50 57301-0626	\$ <u> 00.00</u>
Rural Metro property work souther	8401 E. Indian School Rd Scottsdate AZ 85251	\$ 300.00
SO RPAC	320 E. Capital Pierre 5057501 1323 S. Minesota	\$ 500.00
50 Medical Association	Sione fulls, 50 57105	\$ 208.00
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Name of C	andidate (or Committee	Tim Rave	
		period ending	11-30-2002	
			d-Raising Events Proc	eeds
derived from	chedule fund-	raising events held to r	raise money for the candidate a nore than \$100 or their contributions must be	and the net proceeds
Type of E	vent		Net Proceeds	
				\sim \sim \sim \sim \sim
				Total: \$ <u>().00</u>
		Schedule C -	In Kind Contributions	3
Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name of the contributor, residence address and place of employment must be reported.				
exceeds \$100	n-cash contri , the name of	butions of goods or ser f the contributor, reside	vices and the estimated fair material materials and place of employers	arket value. If the value loyment must be reported.
exceeds \$100), the name of	to the contributor, resident Contribution	vices and the estimated fair manner address and place of emp	Name of Contributor
exceeds \$100), the name of	f the contributor, reside	ence address and place of emp	loyment must be reported.
exceeds \$100), the name of	f the contributor, reside	ence address and place of emp	loyment must be reported.
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exceeds \$100), the name of	f the contributor, reside	ence address and place of emp	Name of Contributor
exceeds \$100), the name of	f the contributor, reside	ence address and place of emp	loyment must be reported.
exceeds \$100), the name of	the contributor, resident Contribution	ence address and place of emp	Name of Contributor
exceeds \$100 Nature of	Non-Cash	f the contributor, resident Contribution Schedule	Estimated Value	Name of Contributor
exceeds \$100 Nature of	Non-Cash	f the contributor, resident Contribution Schedule	Estimated Value D - Other Income	Name of Contributor